

ISSUE SLIP STAFF AREA (for additional cross references)

09 812 814

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KQ	305/705	04/27/79

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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04-15-0